



## **AUDITING AND MONITORING POLICY**

### **PURPOSE**

The purpose of this Policy is to establish and implement an effective system for routine auditing and monitoring and identification of compliance risks at Jewish Home of Central New York, Inc., Menorah Park Group Residences, Inc., and Syracuse Jewish Family Services, Inc. (collectively, the “Organization”).

### **APPLICABILITY**

This Policy applies to all Organization employees, Board members, and contractors.<sup>1</sup>

### **POLICY**

The Compliance Officer will, in conjunction with the Compliance Committee, ensure that the Organization conducts internal compliance auditing and monitoring and, as appropriate, external audits, to evaluate the Organization’s compliance with Medicaid Program requirements and the overall effectiveness of its Compliance Program. The Compliance Officer, in conjunction with the Compliance Committee, will also ensure that the Organization conducts internal compliance auditing and monitoring, and, as appropriate, external audits to identify compliance risks preferably at an early stage before they develop into significant legal problems. The Organization’s Compliance Program will be reviewed on at least an annual basis to ensure that the Medicaid Program requirements, as well as any other applicable requirements set out in state and federal laws, rules, and regulations, have been met.

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<sup>1</sup> “Employees, contractors, and Board members” includes the Organization’s employees, Chief Executive Officer (“CEO”), senior administrators, managers, volunteers, interns, contractors, agents, subcontractors, independent contractors, corporate officers, and Board members who are affected by the Organization’s Compliance Risk Areas. “Compliance Risk Areas” are those areas of operation affected by the Organization’s Compliance Program, as set forth in Section XIII of the Organization’s Compliance Plan. For purposes of the Organization’s Compliance Program, “contractors” includes contractors, agents, subcontractors, and independent contractors who are affected by the Organization’s Compliance Risk Areas. Contractors are required to comply with the Organization’s Compliance Program to the extent that the contractor is affected by the Organization’s Compliance Risk Areas, and only within the scope of the contractor’s contracted authority and affected Compliance Risk Areas.

## **PROCEDURE**

### 1. Oversight of Auditing Process

The Compliance Officer will be responsible for overseeing the Organization's auditing and monitoring system. The Compliance Officer is authorized to delegate auditing duties to other Organization personnel as well as outside attorneys, accountants, and vendors as necessary and appropriate.

### 2. Identification of Risk Areas

A. Internal and external compliance audits will focus on the Organization's Compliance Risk Areas identified by the Compliance Officer and Compliance Committee by: (i) reviewing the Organization's internal and external audits, including government audits and surveys; (ii) reviewing external audits performed by government agencies, payors, and credentialing bodies; (iii) reviewing the annual work plans and other resources of the New York State Office of Medicaid Inspector General ("OMIG"), U.S. Department of Health and Human Services' Office of the Inspector General ("OIG") and other regulatory agencies; and (iv) reviewing risk areas raised by compliance complaints filed or identified by Organization personnel, the Board of Directors, and/or contractors.

B. The Compliance Officer and their designee(s) will select audit subjects based on the level of risk associated with the subject, any prior history of violations, the length of time that has passed since the most recent audit on the same subject, and the cost and time to perform the audit. The Compliance Officer will ensure that any internal audits mandated by law or contract are carried out on a schedule consistent with such requirements.

### 3. Audit Plan

The Compliance Officer and their designee(s) will develop a schedule for audits for the upcoming year, which will be subject to the approval of the Compliance Committee. The schedule will specify the subject of each audit, audit methodology, the time period during which the audit will be carried out, and the personnel or contractors to be used to perform the audit. The Compliance Officer is responsible for coordinating the implementation of the audit plan, and will use best efforts to minimize any disruption of the Organization's business activities caused by audits.

### 4. Audit Procedures

The Compliance Officer, in conjunction with their designee(s) and any program directors, will determine the audit tools and procedures for carrying out the audits. Audits will be performed by internal or external auditors who have expertise in state and federal Medicaid Program requirements and applicable laws, rules, and regulations, or who have expertise in the subject area of the audit. The Compliance Officer, with the approval of the CEO, may

contract with outside companies to perform certain auditing functions. The Compliance Officer will oversee the services provided by any outside vendors.

The Compliance Officer will oversee the services provided by outside companies. If the Compliance Officer determines it is in the best interests of the Organization to keep the contents and/or findings of an audit confidential, the Compliance Officer shall arrange for legal counsel to conduct and/or supervise the audit under the attorney-client and/or attorney work product privileges.

All employees, Board members, and contractors are required to participate in and cooperate with internal and external audits as requested by the Compliance Officer. This includes assisting in the production of documents, explaining program operations or rules to auditors, and implementing any corrective action plans.

#### 5. Written Report and Corrective Action

Upon completion of an audit, the Compliance Officer will arrange for the preparation of a written audit report. The report will set forth the subject of the audit, audit methodology, audit findings, and any recommended corrective action. The report or a summary thereof will be provided to the Compliance Committee, the CEO, the Board, and any appropriate program directors. The Compliance Committee will work with the relevant program director to ensure that all recommended corrective action is taken and will require the program director to report to the Compliance Officer when implementation is complete. Any overpayments and/or fraud and abuse discovered through an audit, including the potential for self-disclosure to the appropriate state and/or federal health care program and/or agency, will be handled in accordance with the Organization's *Compliance Investigations Policy* and other relevant policies. All audit reports will be maintained by the Organization for ten (10) years.

The Compliance Officer shall present the audit reports or summaries thereof as appropriate to the Compliance Committee, CEO, Board of Directors, and any appropriate program directors. The Compliance Officer shall work with the appropriate program directors to implement any corrective action and the said program director shall report to the Compliance Officer when implementation is completed.

#### 6. Annual Compliance Program Review

The Organization's Compliance Program will be reviewed at least annually to ensure that the Medicaid Program requirements, as well as the requirements set out in state and federal laws, rules, and regulations, have been met. The purpose of this review will be to determine the effectiveness of the Organization's Compliance Program, as well as whether any revision or corrective action is required. Additionally, the annual Compliance Program review will determine whether:

- a. The Compliance Plan, Compliance Program, and Standards of Conduct have been implemented;

- b. Employees, Board members, and contractors are following the policies, procedures, and Standards of Conduct;
- c. The policies, procedures, and Standards of Conduct are effective;
- d. Any updates are required;
- e. The Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program; and
- f. The Compliance Officer was able to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program, including whether the Compliance Officer's other duties hindered the Compliance Officer in carrying out their primary responsibilities, if applicable.

The annual Compliance Program review may be carried out by the Organization's Compliance Officer, Compliance Committee, external auditors, or other individuals who have the necessary knowledge and expertise to evaluate the effectiveness of the Compliance Program components that they are reviewing and are independent from the functions being reviewed. The annual review will include:

- a. On-site visits;
- b. Interviews with employees, Board members, and contractors;
- c. Review of records;
- d. Surveys; and/or
- e. Any other comparable method the Organization deems appropriate, so long as the method does not compromise the independence or integrity of the review.

The design, implementation, and results of the annual review, as well as any corrective action implemented, will be documented. The results of the review will be shared with the Organization's CEO, senior management, Compliance Committee, and Board.

Adopted: May 18, 2021

Revised & Adopted: March 21, 2023; \_\_\_\_\_, 2023